



FMLA/KCFML Leave Request

Date received by leave-granting authority

Instructions

- You (the employee) must complete all information and submit this form 30 calendar days before your leave begins (if the leave is foreseeable) or as soon as possible (if the leave is unforeseeable); return this form to your leave-granting authority.
- If this leave request is for your own serious health condition or to provide required assistance to an eligible family member with a serious health condition, you must attach the Medical Certification form or submit it within 15 calendar days of submitting this form; one Medical Certification form is required for each serious health condition that causes your absence from work.
- See pages 3 and 4 of this form for information about your rights and responsibilities under FMLA/KCFML.
- If you are the leave-granting authority completing this form on behalf of the employee, complete as much information as possible, then send this form to the employee to complete, sign and return to you.

Employee Information

Name _____ Home phone (_____) _____
Payroll ID or Soc Sec No _____ Contact phone (_____) _____
Home address _____
Work location _____ Mail stop _____
Job title _____ Union _____
Status: ☐ Full time ☐ Part time Currently scheduled hours per week _____ Paid: ☐ 5th & 20th ea month ☐ Every other Thurs
Regular work schedule _____

If your spouse/domestic partner works for King County, provide
his/her name (it can affect your benefit coverage during leave) _____

Type and Purpose of Leave

Type of leave: ☐ FMLA ☐ KCFML ☐ Both

For: ☐ Own serious health condition

☐ Workers' comp injury/illness – Claim No _____

☐ For birth/care of newborn/newly adopted child or placement of foster child (submit Add New Family Member form to Benefits and Retirement Operations to add child for coverage)

☐ To care for an eligible family member with serious health condition (describe) _____

If your leave is to care for an eligible family member (see "Reasons for Taking Leave," page 3):

Family member name _____ Relationship to you _____

Nature of assistance you provide: ☐ Medical needs ☐ Personal needs ☐ Transportation ☐ Safety ☐ Psychological comfort

Leave Schedule

Leave start date (first work day unable to work regular schedule) _____

Leave end date (date of anticipated return to work) _____

Type of leave (check all that apply): ☐ Full-time/continuous ☐ Reduced work schedule ☐ Intermittent

Describe how leave will be taken (e.g., full-time/continuous for one week, full-time/continuous followed by intermittent leave, etc.)

Application of Paid Leave to Own Serious Health Condition or to Care for an Eligible Family Member

- For your own serious health condition, you must use all sick leave before taking unpaid leave.
- For leave to care for an eligible family member with a serious health condition, you may use accrued (sick, vacation, etc.) leave or unpaid leave; if you use sick leave, you may reserve up to 80 hours of this leave before you begin FMLA/KCFML and, when you've used all your sick leave except the 80 hours, you'll begin using other leave (if approved) or go to unpaid status.
- With approval, you may use vacation, compensatory time or executive leave in any order to care for yourself or your family member.

My Own Serious Medical Condition (initial all applicable options you wish to exercise)

_____ I elect to go on unpaid leave after my sick leave is exhausted.

_____ I request using my paid leave in the following order (indicate with 1, 2, 3 and 4) following the exhaustion of my sick leave:

_____ Vacation/benefit time _____ Compensatory time _____ Executive leave _____ Other (describe) _____

To Care for an Eligible Family Member with a Serious Medical Condition (initial all applicable options you wish to exercise)

_____ I elect to go on unpaid leave after my sick leave is exhausted.

_____ I elect to reserve _____ hours of my sick leave for later use (a maximum of 80 hours may be reserved).

_____ I elect to take this leave without pay (I will not use any paid leave types).

_____ I request using my paid leave in the following order (indicate with 1, 2, 3 and 4) following the exhaustion of my sick leave:

_____ Vacation/benefit time _____ Compensatory time _____ Executive leave _____ Other (describe) _____

Application of Paid Leave Balances to Workers' Compensation Injury/Illness

For a leave resulting from a Workers' Compensation injury/illness, you must:

- Notify your supervisor and human resources representative (special supplemental pay and/or leave provisions may apply)
- See your doctor
- File a Workers' Compensation Claim with the Safety and Claims Office
- Contact your Workers' Compensation Claims Officer
- With approval, you may use accrued vacation, compensatory time or executive leave in any order to care for self or family member.

My Workers' Compensation Injury/Illness (initial all appropriate options)

_____ I won't supplement my Workers' Compensation state industrial payment with any paid leave. Consequently, I understand I will be in an unpaid status beyond my time loss benefits from Workers' Compensation. I understand this may affect my benefit coverage, leave accruals, retirement credit and service date.

_____ I elect to supplement my Workers' Compensation time loss benefits with my own sick leave or benefit time.

_____ I request to use my paid leave in the following order (indicate with 1, 2, 3 and 4) following the exhaustion of my sick leave:

_____ Vacation/benefit time _____ Compensatory time _____ Executive leave _____ Other (describe) _____

Employee Authorization of Request

I've read and understand my rights and responsibilities under FMLA/KCFML. The information I've provided is true, correct and complete; I understand the willful falsification of any information I've provided may lead to disciplinary action up to and including discharge from employment. I understand these leave days may be deducted from my FMLA/KCFML entitlement. I've attached or will submit within 15 calendar days a separate Medical Certification form from a physician or licensed practitioner if my leave request is for a serious health condition or to provide required assistance to an eligible family member with a serious health condition. I release King County to verify the authenticity and completeness of the Medical Certification form I provide. I will notify my supervisor and the leave-granting authority if and when there are changes to the circumstances of my leave and provide updated medical certification as required. I understand that my supervisor or leave-granting authority may contact me during my leave period to verify my status and to obtain updates as to my estimated date of return to work. I understand that for me to return to work from my own serious health condition, my physician or licensed practitioner may need to provide a release for return to full or transitional duty and that any release other than a full release must be reviewed and approved by my supervisor and /or leave-granting authority and human resources representative prior to my reporting to work.

Employee signature _____ Date signed _____

Medical Certification form: ☐ Attached ☐ Not attached

Rights and Responsibilities Under FMLA/KCFML

Eligibility

- If you've worked for King County at least a year (need not be 12 consecutive months) and have worked enough hours (vacation and sick leave hours don't count), you're eligible to take job-protected leave for certain family and medical reasons.
- To qualify for Family Medical Leave Act (FMLA) leave, you must have worked 1,250 hours during the 12 months immediately preceding your leave request. Under FMLA you're eligible for up to 12 weeks of leave, minus any amount of FMLA you've taken in the 12 months immediately preceding your leave start date; this leave is paid if you have sick, vacation, benefit time, comp time or executive leave; it's unpaid once you've exhausted all your paid/donated leave or if your options for use of accrued leave result in less than 12 weeks of coverage.
- To qualify for King County Family Medical Leave (KCFML), you must have worked 1,040 hours (if you're scheduled to work 40 hours a week), 910 hours (if you're scheduled to work 35 hours a week) or 510 hours (if you're a part-time Local 587 employee) during the 12 months immediately preceding your leave request. Under KCFML, you're eligible for up to 18 weeks of leave, minus any amount of FMLA/KCFML you've taken in the 12 months immediately preceding your leave start date; KCFML runs concurrently with donated leave.

Reasons for Taking Family-Medical Leave

- Under FMLA you may take leave for a serious health condition that makes you unable to perform your job; to care for your child after birth, placement for adoption or foster care; to care for your spouse with a serious health condition; or to care for the child or parent of you or your spouse (or a person who stood/stands in loco parentis of you or your spouse) with a serious health condition.
- Under KCFML you may take leave for the same reasons as under FMLA and also to care for a domestic partner (DP) with a serious health condition or your DP's son, daughter or parent with a serious health condition.
- A serious health condition is an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility, or continuing treatment by a health care provider.

Advance Notice and Medical Certification

- For FMLA or KCFML you must submit your leave request 30 calendar days before your leave begins (if the leave is foreseeable) or as soon as possible (if the leave is unforeseeable).
- You must provide medical certification within 15 days of your first absence to support a leave request; King County may require second and third opinions at county expense if it deems them necessary.
- You must give the physician/health care provider a copy of your job description when requesting medical certification; your supervisor can provide you with a copy of your job description.
- If your leave is due to your own serious health condition, you must submit new medical certification before prior certification expires or when requested by your supervisor or human resources representative if you extend your leave.
- A release to full or transitional duty is required prior to your return to work after your own serious health condition (if release is not received, return to work may be delayed).
- Anything other than a release to full duty must be reviewed and approved by your supervisor and human resources representative prior to reporting back to work; King County may require second and third opinions at county expense if it deems them necessary.
- If you need disability accommodation services to return to work or perform your job, you must notify your supervisor or human resources representative and contact the King County Disability Services Office at 206-263-4507 (684-1204 for Transit Division employees).

Use of Paid and Donated Leave

- You must use all your sick leave for your own serious health condition (unless the condition is due to an on-the-job injury); after you exhaust your sick leave, you may use vacation and other paid leave if approved (if you accrue benefit-time, contact your HR representative for information about its use).
- To care for an eligible family member with a serious health condition, you may use paid leave (sick, vacation, etc.) or unpaid leave; if you use sick leave, you may reserve up to 80 hours of this leave before you begin FMLA/KCFML and, when you've used all your sick leave except the 80 hours, you'll begin using other leave (if approved) or go to unpaid status.
- Donated leave runs concurrently with FMLA/KCFML (you're paid for donated leave, but it's considered unpaid leave under FMLA/KCFML).
- You must use all your own sick leave before using donated sick leave; you must use all your own vacation leave before using donated vacation leave.

When Leave Begins

- FMLA leave begins the first day you're off the job due to a serious health condition (your own or that of an eligible family member).
- KCFML begins the first day you go on unpaid status (you exhaust your own paid leave) or begin using donated leave; for an on-the-job injury/illness, you may opt to go to unpaid leave status and begin KCFML immediately.

Continuation of Health Benefits

- While on approved FMLA/KCFML, you receive the same county-paid health benefits (medical, dental, vision) you had when on active paid status immediately before you begin leave (if you normally pay a portion of health benefits through payroll deduction or when FMLA/KCFML ends, you will be notified regarding arrangements for paying to continue coverage); if you exhaust your FMLA/KCFML benefits and remain on leave, you may pay to continue your health benefits under COBRA.
- If you go on unpaid leave status, you may pay to continue your life, accidental death and dismemberment, and long term disability insurance; contact Benefits and Retirement Operations at 206-684-1556 for more information.

Job Protection

- If you're not a "key employee" (among the highest paid 10 percent of King County employees), you're restored to your original or equivalent position with equivalent pay, benefits, seniority and other employment terms upon return from FMLA or KCFML leave; you don't lose any employment benefits that accrued prior to the start of your leave and no adverse personnel actions may be taken against you for taking FMLA or KCFML leave.
- If you're a "key employee," your job restoration may be delayed or denied if it would cause substantial and grievous economic injuries to county operations.
- These protections do not apply if your job is eliminated due to a bona fide workforce reduction or if you don't return to work by the expiration date of your leave (failure to return by the expiration date may be cause for removal and may result in termination of your employment).

Unlawful Acts and Enforcement

- King County may not interfere with, restrain or deny the exercise of any right provided under FMLA/KCFML, nor may the county discharge or discriminate against any person for opposing any practice made unlawful by FMLA/KCFML or for involvement in any proceeding under or relating to FMLA/KCFML.
- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations, and an FMLA eligible employee may bring a civil action against King County for violations.
- FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For Additional Information

- Contact your supervisor and/or leave-granting authority.
- Contact Benefits and Retirement Operations at 206-684-1556 or kc.benefits@metrokc.gov.
- Contact the Wage and Hour Division of the U.S. Department of Labor.